
Appendix C. NASS/CDS Data Elements

The data are collected on six forms: the Accident Form, the General Vehicle Form, the Exterior Vehicle Form, the Interior Vehicle Form, the Occupant Assessment Form, and the Occupant Injury Form. There are 310 different data elements in the NASS/CDS that characterize the crash, vehicles, and the people involved. This appendix includes the forms used for each crash in the CDS.



1. Primary Sampling Unit Number _____

2. Case Number - Stratum _____

3. Number of General Vehicle
Forms Submitted _____

4. Date of Accident
(Month, Day, Year) _____/_____/9 6

5. Time of Accident _____

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

Check (T) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. _____ SS15 Administrative Use _____

7. _____ SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

8. _____ SS17 Impact Fires _____

9. _____ SS18 Unsafe Driver Actions _____

10. _____ SS19 Run Off Road _____

11. Number of Recorded Events
in This Accident _____

Code the number of events which occurred
in this accident.

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
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12. 0 1 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____

19. 0 2 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____

26. 0 3 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____

33. 0 4 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____

40. 0 5 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|--|--|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase \$ 254 but < 265 cm)
(03) Intermediate (wheelbase \$ 265 but < 278 cm)
(04) Full size (wheelbase \$ 278 but < 291 cm)
(05) Largest (wheelbase \$ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (# 4,536 kgs GVWR)
(16) Utility station wagon (# 4,536 kgs GVWR)
(19) Unknown utility type
(20) Minivan (# 4,536 kgs GVWR)
(21) Large van (# 4,536 kgs GVWR)
(24) Van Based school bus (# 4,536 kgs GVWR)
(28) Other van type (# 4,536 kgs GVWR)
(29) Unknown van type (# 4,536 kgs GVWR)
(30) Compact pickup truck (# 4,536 kgs GVWR) | (31) Large pickup truck (# 4,536 kgs GVWR)
(38) Other pickup truck (# 4,536 kgs GVWR)
(39) Unknown pickup truck type (# 4,536 kgs GVWR)
(45) Other light truck (# 4,536 kgs GVWR)
(48) Unknown light truck type (# 4,536 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(>4,536 kgs GVWR)
(58) Other bus (> 4,536 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,536 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) Other vehicle
(99) Unknown |
|--|--|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | (0) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
|---|--|---|---|

- | | | | |
|-------------------------------|--|--|---|
| TDC
APPLICABLE
VEHICLES | (0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side | (L) Left side
(B) Back of unit with cargo area
(rear of trailer or straight truck)
(D) Back (rear of tractor) | (C) Rear of cab
(F) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown |
|-------------------------------|--|--|---|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) Noncollision injury
(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (# 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (# 10 cm in diameter)
(51) Pole or post (> 10 cm but # 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____ | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object
(98) Other event (specify):

(99) Unknown event or object |
|---|--|



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum _____</p> <p>3. Vehicle Number _____</p>	<p>12. Speed Limit _____ (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown _____ mph X 1.6093 = _____ kmph</p> <p>13. Police Reported Alcohol Presence For <u>Driver</u> (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present (9) Unknown</p> <p>14. Alcohol Test Result For Driver _____ Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: _____</p> <p>15. Police Reported Other Drug Presence For _____ Driver (0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown</p> <p>16. Other Drug Specimen Test Result For <u>Driver</u> (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): _____ (3) Specimen test given, results unknown or not (8) No driver present (9) Unknown if specimen test given</p> <p>17. Driver's Zip Code _____ (00001) Driver not a resident of U.S. or territories _____ Code actual 5-digit zip code (99998) No driver present (99999) Unknown</p> <p>18. Driver's Race/Ethnic Origin _____ (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify): _____ (8) No driver present (9) Unknown</p>
<p>4. Vehicle Model Year _____ Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): _____ Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): _____ Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type _____ Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p> <p>9. Vehicle Special Use (This Trip) _____ (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): _____ (9) Unknown</p>	
<p>10. Police Reported Vehicle Disposition _____ (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>11. Police Reported Travel Speed _____ Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown _____ mph X 1.6093 = _____ kmph</p>	

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (# 4,536 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Recon, Explorer, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ram 900, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (# 4,536 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Voyager, Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, ClubWagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, Vandura.)
- (22) Step van or walk-in van (# 4,536 kgs GVWR)
- (23) Van based motorhome (# 4,536 kgs GVWR)
- (24) Van based school bus (# 4,536 kgs GVWR)
- (25) Van based other bus (# 4,536 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, # 4,536 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arcc [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-1 Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, C W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (# 4,536 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stal truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (43) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, c

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not emergency or transit)
- (51) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,536 kgs GVWR)

- (60) Step van (> 4,536 kgs GVWR)
- (61) Single unit straight truck
- (62) Single unit straight truck, GVWR # 8,845 kgs
- (63) Single unit straight truck, GVWR # 11,793 kgs
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

<p>19. Relation To Interchange Or Junction _____</p> <p>(0) Non-interchange area and non-junction</p> <p>(1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related</p> <p>(3) Driveway, alley access related</p> <p>(4) Other junction (specify) _____</p> <p>(5) Unknown type of junction</p> <p>(9) Unknown</p>	<p>25. Roadway Surface Condition _____</p> <p>(1) Dry</p> <p>(2) Wet</p> <p>(3) Snow or slush</p> <p>(4) Ice</p> <p>(5) Sand, dirt, or oil</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>20. Trafficway Flow _____</p> <p>(0) Not physically divided (two way traffic)</p> <p>(1) Divided trafficway-median strip without positive barrier</p> <p>(2) Divided trafficway-median strip with positive barrier</p> <p>(3) One way traffic</p> <p>(9) Unknown</p>	<p>26. Light Conditions _____</p> <p>(1) Daylight</p> <p>(2) Dark</p> <p>(3) Dark, but lighted</p> <p>(4) Dawn</p> <p>(5) Dusk</p> <p>(9) Unknown</p>
<p>21. Number Of Travel Lanes _____</p> <p>(1) One</p> <p>(2) Two</p> <p>(3) Three</p> <p>(4) Four</p> <p>(5) Five</p> <p>(6) Six</p> <p>(7) Seven or more</p> <p>(9) Unknown</p>	<p>27. Atmospheric Conditions _____</p> <p>(0) No adverse atmospheric-related driving conditions</p> <p>(1) Rain</p> <p>(2) Sleet/hail</p> <p>(3) Snow</p> <p>(4) Fog</p> <p>(5) Rain and fog</p> <p>(6) Sleet and fog</p> <p>(7) Other (e.g., smog, smoke, blowing sand or dirt) (specify): _____</p> <p>(9) Unknown</p>
<p>22. Roadway Alignment _____</p> <p>(1) Straight</p> <p>(2) Curve right</p> <p>(3) Curve left</p> <p>(9) Unknown</p>	<p>28. Traffic Control Device _____</p> <p>(0) No traffic control(s)</p> <p>(1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign</p> <p>(3) Yield sign</p> <p>(4) School zone sign</p> <p>(5) Other regulatory sign (specify): _____</p>
<p>23. Roadway Profile _____</p> <p>(1) Level</p> <p>(2) Uphill grade (>2%)</p> <p>(3) Hill crest</p> <p>(4) Downhill grade (>2%)</p> <p>(5) Sag</p> <p>(9) Unknown</p>	<p>(6) Warning sign (not RR crossing)</p> <p>(7) Unknown sign</p> <p>(8) Miscellaneous/other controls including RR crossing (specify): _____</p> <p>(9) Unknown</p>
<p>24. Roadway Surface Type _____</p> <p>(1) Concrete</p> <p>(2) Bituminous (asphalt)</p> <p>(3) Brick or block</p> <p>(4) Slag, gravel, or stone</p> <p>(5) Dirt</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	<p>29. Traffic Control Device Functioning _____</p> <p>(0) No traffic control device</p> <p>(1) Traffic control device not functioning (specify): _____</p> <p>(2) Traffic control device functioning properly</p> <p>(9) Unknown</p>

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) _____

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____

- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) _____

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____

(99) Unknown

32. Critical Precrash Event _____

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____

- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location

(specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____

- (99) Unknown




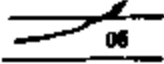



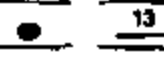
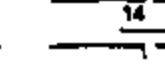

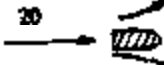
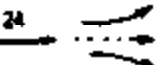
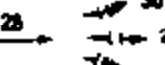
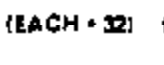


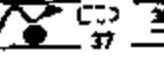
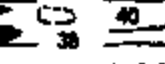
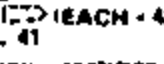
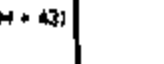


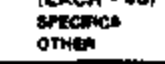
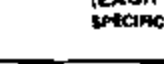







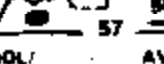
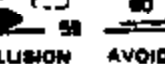



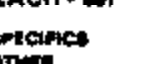
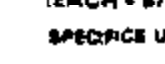













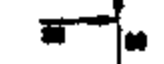
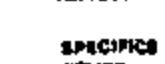




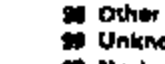
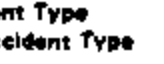

33. Attempted Avoidance Maneuver _____
(00) No driver present
(01) No avoidance maneuver
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(98) Other action (specify): _____
(99) Unknown

34. Pre-Impact Stability _____
(0) No driver present
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(9) Precrash stability unknown

35. Pre-Impact Location _____
(0) No driver present
(1) Stayed in original travel lane
(2) Stayed on roadway but left original travel lane
(3) Stayed on roadway, not known if left original travel lane
(4) Departed roadway
(5) Remained off roadway
(6) Returned to roadway
(7) Entered roadway
(9) Unknown

36. Accident Type _____
(Note: Applicable codes on back of this page)
(00) No impact
Code the number of the diagram that best describes the accident circumstance
(98) Other accident type (specify): _____
(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 ETA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear End	 20 STOPPED 21, 22, 23	 24 SLOWER 26, 26, 27	 28 DECEL. 28, 29, 31	 30 (EACH + 32) SPECIFICS OTHER	 33 (EACH + 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS 21, 22, 23	 36 CONTROL/ TRACTION LOSS 26, 26, 27	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT SPECIFICS OTHER	 43 (EACH + 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 (EACH + 46) SPECIFICS OTHER	 46 (EACH + 46) SPECIFICS OTHER	 48 (EACH + 48) SPECIFICS UNKNOWN	 50 (EACH + 50) SPECIFICS UNKNOWN	 52 (EACH + 52) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 52 (EACH + 52) SPECIFICS OTHER	 53 (EACH + 53) SPECIFICS UNKNOWN	 55 (EACH + 55) SPECIFICS UNKNOWN	 57 (EACH + 57) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS SPECIFICS OTHER	 56 CONTROL/ TRACTION LOSS SPECIFICS OTHER	 58 AVOID COLLISION WITH VEH. SPECIFICS OTHER	 60 AVOID COLLISION WITH OBJECT SPECIFICS OTHER	 63 (EACH + 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 (EACH + 66) SPECIFICS OTHER	 68 (EACH + 68) SPECIFICS UNKNOWN	 70 (EACH + 70) SPECIFICS UNKNOWN	 72 (EACH + 72) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 71 INITIAL OPPOSITE DIRECTIONS	 73 INITIAL SAME DIRECTIONS	 75 (EACH + 75) SPECIFICS OTHER	 77 (EACH + 77) SPECIFICS UNKNOWN	 79 (EACH + 79) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 (EACH + 81) SPECIFICS OTHER	 83 (EACH + 83) SPECIFICS UNKNOWN	 85 (EACH + 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 (EACH + 87) SPECIFICS OTHER	 89 (EACH + 89) SPECIFICS UNKNOWN	 91 (EACH + 91) SPECIFICS UNKNOWN	 93 (EACH + 93) SPECIFICS UNKNOWN	 95 (EACH + 95) SPECIFICS UNKNOWN
VI Miscel- laneous	M Backing Etc	 92 BACKING VEH.	 94 OTHER VEH. OR OBJECT	 96 Other Accident Type	 98 Unknown Accident Type	 99 No Impact

<p>37. Driver Presence in Vehicle _____ (0) Driver not present (1) Driver present (9) Unknown</p> <p>38. Number of Occupants This Vehicle _____ (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown</p> <p>39. Number of Occupant Forms Submitted _____</p>	<p>44. Vehicle Cargo Weight _____, _____ 0 _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (454) 4,536 kilograms or more (999) Unknown _____ lbs X .4536 = _____ kgs Source: _____</p>
<p>40. Is this an AOPS Vehicle? _____ (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts</p> <p>41. Air Bag(s) Deployment, First Seat Frontal _____ (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown</p> <p>42. Air Bag(s) Deployment, Other Than First Seat Frontal _____ (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown Specify type of "other" air bag present: _____ _____</p>	<p>45. Rollover _____ (00) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify) (98) Rollover--end-over-end (i.e., primarily about lateral axis) (99) Rollover (overturn), details unknown</p> <p>46. Rollover Initiation Type _____ (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type specify): _____ (98) Rollover--end-over-end (99) Unknown rollover initiation type</p> <p>47. Location of Rollover Initiation _____ (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover--end-over-end (9) Unknown</p> <p>48. Rollover Initiation Object Contacted _____ (Note: Applicable codes on back of page)</p> <p>49. Location on Vehicle Where Initial Principal Tripping Force Is Applied _____ (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): _____ (6) Non-contact rollover forces (specify): _____ (8) Rollover--end-over-end (9) Unknown</p>
<p>43. Vehicle Curb Weight _____, _____ 0 _____ Code weight to nearest 10 kilograms. (045) Less than 454 kilograms (612) 6,124 kilograms or more (999) Unknown _____ lbs X .4536 = _____ kgs Source: _____</p>	<p>50. Direction of Initial Roll _____ (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover--end-over-end (9) Unknown roll direction</p>

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- | | |
|--|---|
| (00) No rollover | (57) Fence |
| (01-30) — Vehicle Number | (58) Wall |
| Noncollision | (59) Building |
| (31) Turn-over — fall-over | (60) Ditch or culvert |
| (32) No rollover impact initiation (end-over-end) | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| Collision With Fixed Object | (63) Curb |
| (41) Tree (# 10 cm in diameter) | (64) Bridge |
| (42) Tree (> 10 cm in diameter) | (68) Other fixed object (specify): _____ |
| (43) Shrubbery or bush | (69) Unknown fixed object _____ |
| (44) Embankment | Collision with Nonfixed Object |
| (45) Breakaway pole or post (any diameter) | (70) Passenger car, light truck, van, or other vehicle in-transport |
| Nonbreakaway Pole or Post | (71) Medium/heavy truck or bus not in-transport |
| (50) Pole or post (# 10 cm in diameter) | (76) Animal |
| (51) Pole or post (> 10 cm but # 30 cm in diameter) | (77) Train |
| (52) Pole or post (> 30 cm in diameter) | (78) Trailer, disconnected in transport |
| (53) Pole or post (diameter unknown) | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): _____ |
| (55) Impact attenuator | (89) Unknown nonfixed object _____ |
| (56) Other traffic barrier (includes guardrail) (specify): _____ | (98) Other event (specify): _____ |
| | (99) Unknown event or object _____ |

(9) Unknown

51. Front Override/Underride (this Vehicle) ____

52. Rear Override/Underride (this Vehicle) ____

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)

[Between 2 CDS applicable vehicles (Bodytype,

GV07=1-49)]

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):

Underride (see specific CDC)

[Between 2 CDS applicable vehicles (Bodytype,

GV07=1-49)]

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

Values:(000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle ____

54. Heading Angle For Other Vehicle ____

55. Towed Trailing Unit ____

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle ____

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) ____

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted <45 degrees

(4) Tilted ≥45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

58. Basis for Total (Resultant) Delta V ____ (highest)

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

<p>59. Total Delta V Highest</p> <p>_____</p> <p>_____ Nearest kmph (highest)</p> <p>_____ Nearest kmph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown</p>	<p>63. Impact Speed Highest</p> <p>_____</p> <p>_____ Nearest kmph (highest)</p> <p>_____ Nearest kmph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (998) Trajectory algorithm not run (999) Unknown</p>
<p>60. Longitudinal Component of + Delta V Highest</p> <p>_____</p> <p>_____ Nearest kmph (highest)</p> <p>_____ Nearest kmph (secondary)</p> <p>(NOTE: __000 means greater than !0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (_999) Unknown</p>	<p>64. Confidence In Reconstruction Program Results (For Highest Delta V) _____</p> <p>(0) No reconstruction</p> <p>(1) Collision fits model — results appear reasonable</p> <p>(2) Collision fits model — results appear high</p> <p>(3) Collision fits model — results appear low</p> <p>(4) Borderline reconstruction — results appear reasonable</p>
<p>61. Lateral Component of Delta V Highest</p> <p>_____</p> <p>_____ Nearest kmph (highest)</p> <p>_____ Nearest kmph (secondary)</p> <p>(NOTE: __000 means greater than !0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (_999) Unknown</p>	<p>65. Barrier Equivalent Speed Highest</p> <p>_____</p> <p>_____ Nearest kmph (highest)</p> <p>_____ Nearest kmph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown</p>
<p>62. Energy Absorption Highest</p> <p>_____ 0 0</p> <p>_____ Nearest 100 joules (highest)</p> <p>_____ Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p>	

66. Estimated Highest Delta V (Researcher Determined) _____
(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) \$ 10 kmph but < 25 kmph
- (3) \$ 25 kmph but < 40 kmph
- (4) \$ 40 kmph but < 55 kmph
- (5) \$ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection _____
(0) No inspection
(1) Vehicle fully repaired-no damage evident
(2) Partial inspection (specify): _____
(3) Complete inspection

68. Delta V Event Number _____
_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
(99) Unknown

**** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ****

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



FORM NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

[illegible]

Wheelbase ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Overall Length ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Maximum Width ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Curb Weight ___ ___ , ___ ___ ___ pounds x .4536 = ___ , ___ ___ ___ kg

Average Track ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Front Overhang ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Rear Overhang ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

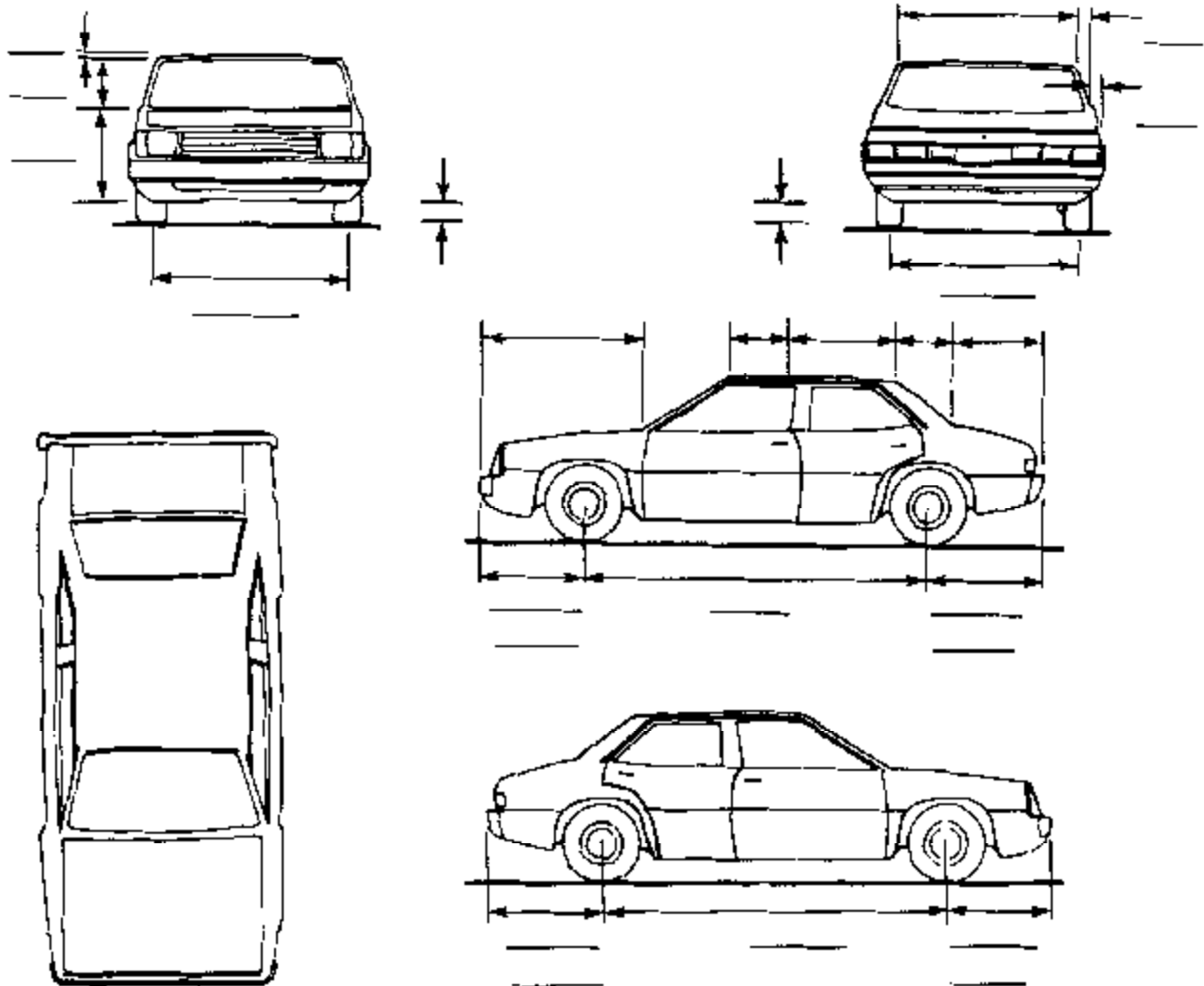
Undeformed End Width ___ ___ ___ .___ inches x 2.54 = ___ ___ ___cm

Engine Size: cyl./displ. ___ ___ ___ cc x .001 = ___ .___ L

 ___ ___ ___ CID x .0164 = ___ .___ L

TIRE—WHEEL DAMAGE a. Rotation physically restricted _____ Tire deflated _____ RF _____ RF _____ LF _____ LF _____ RR _____ RR _____ LR _____ LR _____ (1) Yes (2) No (8) NA (9) Unk		ORIGINAL SPECIFICATIONS Wheelbase _____ cm Overall Length _____ cm Maximum Width _____ cm Curb Weight _____ kg Average Track _____ cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. _____ L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____° LF ± _____° RR ± _____° LR ± _____° Within ± 5 degrees
TYPE OF TRANSMISSION G Manual G Automatic END SHIFT \$ 10 CM G Yes G No		DRIVE WHEELS G FWD G RWD G 4WD Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

(57) Fence

Noncollision

(58) Wall

(59) Buildo

(60) Ditch or

(61) Ground

(62) Fire hyc

(63) Curb

(64) Bridge

(68) Other f

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle in-transport	
---	--

(71) Medium/heavy truck or bus not in-transpor

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle

(76) Anim

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-trans

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. _____	5. _____	6. _____	7. _____	8. _____	9. _____	10. _____	11. _____

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) _____
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase
_____ Code to the nearest _____ centimeter
(650) 650 centimeters or more
(999) Unknown
_____ . _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width
_____ Code to the _____ nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ . _____ inches X 2.54 = _____ centimeters

<p>30. Are CDCs Documented but Not Coded on The Automated File? _____</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition _____</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? _____</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____</p> <p>(Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>35. Location of Fuel Tank-1 Filler Cap _____</p> <p>36. Location of Fuel Tank-2 Filler Cap _____</p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) or plane (3) Aft of center of the rear wheels (rear axle) or side plane (4) Forward of center of the rear wheels (rear a side plane (5) Forward of center of the rear wheels (rear a right side plane (6) Over the center of the rear wheels (rear axle side plane (7) Over the center of the rear wheels (rear axle side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1 _____</p> <p>38. Type of Fuel Tank-2 _____</p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>
<p>33. Fire Occurrence _____</p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>34. Origin of Fire _____</p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____</p> <p>(9) Unknown</p>	<p>39. Location of Fuel Tank-1 _____</p> <p>40. Location of Fuel Tank-2 _____</p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) or plane (2) Aft of center of the rear wheels (rear axle) or side plane (3) Aft of center of the rear wheels (rear axle) or right side plane (4) Forward of center of the rear wheels (rear a centered (5) Forward of center of the rear wheels (rear a side (6) Forward of center of the rear wheels (rear a side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>41. Damage to Fuel Tank-1 _____</p> <p>42. Damage to Fuel Tank-2 _____</p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>

43. Leakage Location of Fuel System-1 _____

44. Leakage Location of Fuel System-2 _____

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1 _____

46. Fuel Type-2 _____

Single Fuel Type

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

*Electric Powered or Electric/Solar**Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? _____

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following): _____

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



1. Primary Sampling Unit Number _____
2. Case Number - Stratum _____
3. Vehicle Number _____

4. Passenger Compartment Integrity _____
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF____ 6. RF____ 7. LR____ 8. RR____ 9. TG/H____

- (0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ... 2, Then code 0

10. LF____ 11. RF____ 12. LR____ 13. RR____ 14. TG/H____

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

(9) Unknown

Type of Window/Windshield Glazing

15. WS____ 16. LF____ 17. RF____ 18. LR____ 19. RR____
20. BL____ 21. Roof____ 22. Other____

- (0) No glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted (original)
(4) AS-2 — Tempered-with after market tint
(5) AS-3 — Tempered-tinted (with additional after market tint)
(6) AS-14 — Glass/Plastic
(7) Glazing removed prior to accident
(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS____ 24. LF____ 25. RF____ 26. LR____ 27. RR____
28. BL____ 29. Roof____ 30. Other____

- (0) No glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(7) Glazing removed prior to accident
(9) Unknown

Glazing Damage from Impact Forces

31. WS____ 32. LF____ 33. RF____ 34. LR____ 35. RR____
36. BL____ 37. Roof____ 38. Other____

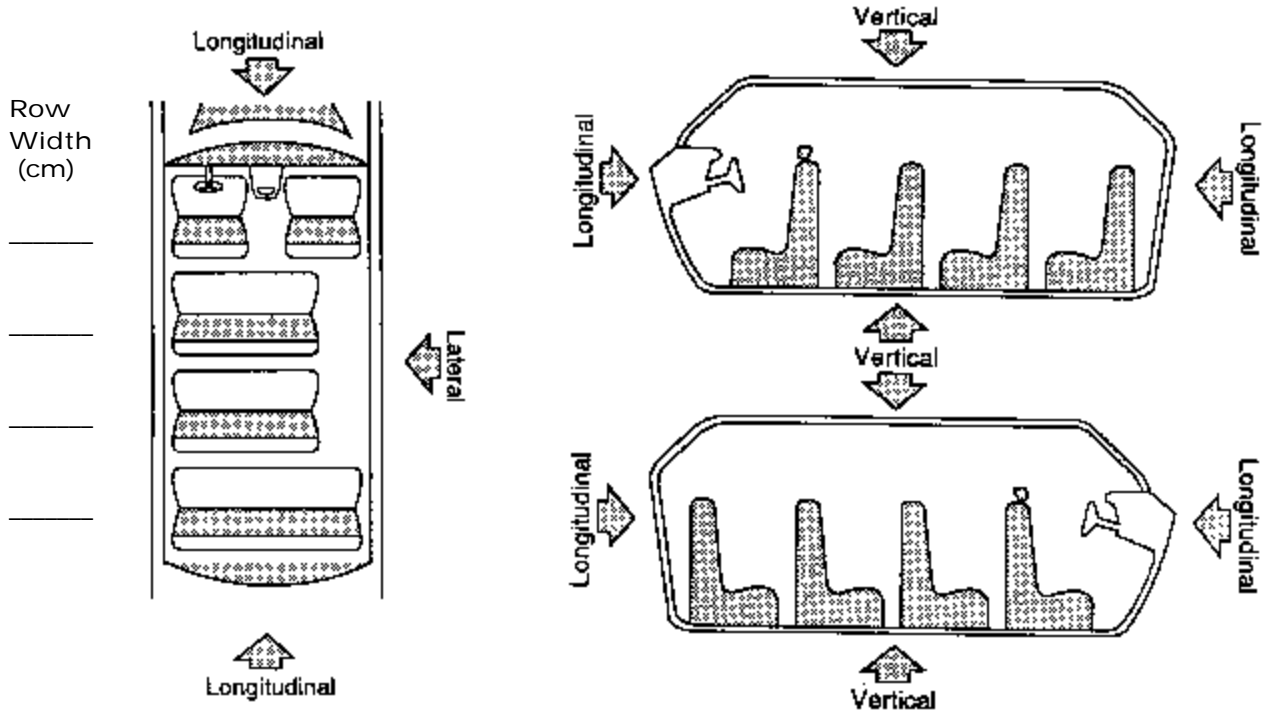
- (0) No glazing
(1) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS____ 40. LF____ 41. RF____ 42. LR____ 43. RR____
44. BL____ 45. Roof____ 46. Other____

- (0) No glazing
(1) No occupant contact to glazing
(2) Glazing contacted by occupant but no glazing damage
(3) Glazing in place and cracked by occupant contact
(4) Glazing in place and holed by occupant contact
(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(6) Glazing out-of-place by occupant contact and holed by occupant contact
(7) Glazing removed prior to accident
(8) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	
		—		=	

Document no more than the 15 most severe intrusions

Note: If no intrusions, leave variables IV47-IV86 blank.

				INTRUDING COMPONENT				
				<i>Interior Components</i> (01) Steering assembly (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar (08) C-pillar (09) D-pillar (10) Side panel - forward of the A1/A2-pillar (11) Door panel (side) (12) Side panel - rear of the B-pillar (13) Roof (or convertible top) (14) Roof side rail (15) Windshield (16) Windshield header (17) Window frame (18) Floor pan (includes sill) (19) Backlight header (20) Front seat back (21) Second seat back (22) Third seat back (23) Fourth seat back (24) Fifth seat back (25) Seat cushion (26) Back door/panel (e.g., tailgate) (27) Other interior component (specify): _____				
1st	47.____	48.____	49.____	50.____				
2nd	51.____	52.____	53.____	54.____				
3rd	55.____	56.____	57.____	58.____				
4th	59.____	60.____	61.____	62.____				
5th	63.____	64.____	65.____	66.____				
6th	67.____	68.____	69.____	70.____				
7th	71.____	72.____	73.____	74.____				
8th	75.____	76.____	77.____	78.____	<i>Exterior Components</i> (30) Hood (31) Outside surface of this vehicle (specify): _____ (32) Other exterior object in the environment (specify): _____ (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): _____ (99) Unknown			
9th	79.____	80.____	81.____	82.____				
10th	83.____	84.____	85.____	86.____				
LOCATION OF INTRUSION				MAGNITUDE OF INTRUSION				
Front Seat (11) Left (12) Middle (13) Right		Fourth Seat (41) Left (42) Middle (43) Right		(1) \$ 3 centimeters but < 8 centimeters (2) \$ 8 centimeters but < 15 centimeters (3) \$ 15 centimeters but < 30 centimeters (4) \$ 30 centimeters but < 46 centimeters (5) \$ 46 centimeters but < 61 centimeters (6) \$ 61 centimeters (7) Catastrophic (9) Unknown				
Second Seat (21) Left (22) Middle (23) Right		(97) Catastrophic (98) Other enclosed area (specify) _____ (99) Unknown						
Third Seat (31) Left (32) Middle (33) Right				DOMINANT CRUSH DIRECTION				
				(1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown				

(All Measurements Are in Centimeters)				
COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

87. Steering Column Type _____

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment _____

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment _____

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation _____

- _____ Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation _____

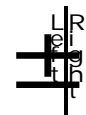
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading _____,000

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

_____ miles X 1.6093 = _____ kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? _____

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering _____

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? _____

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? _____

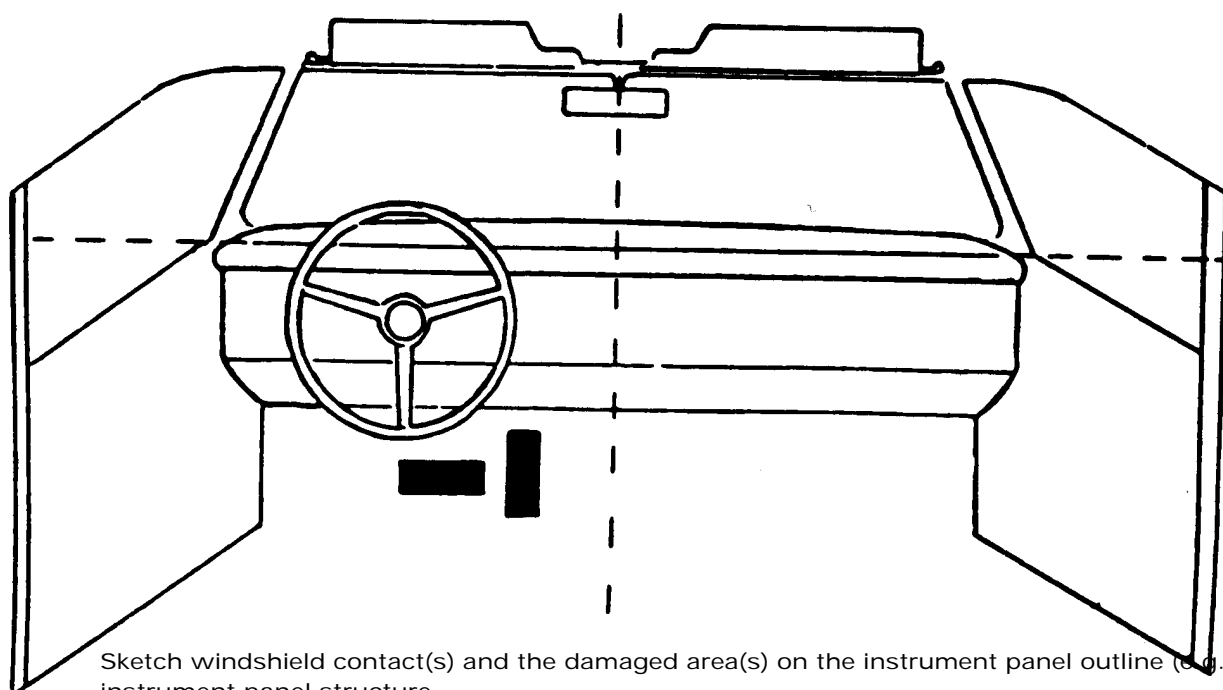
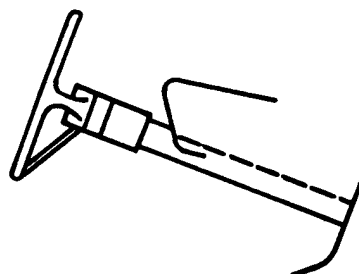
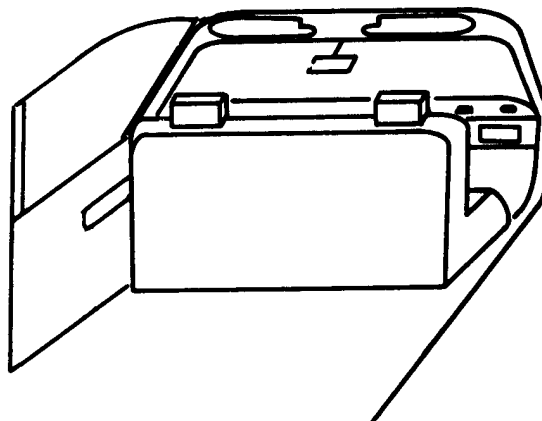
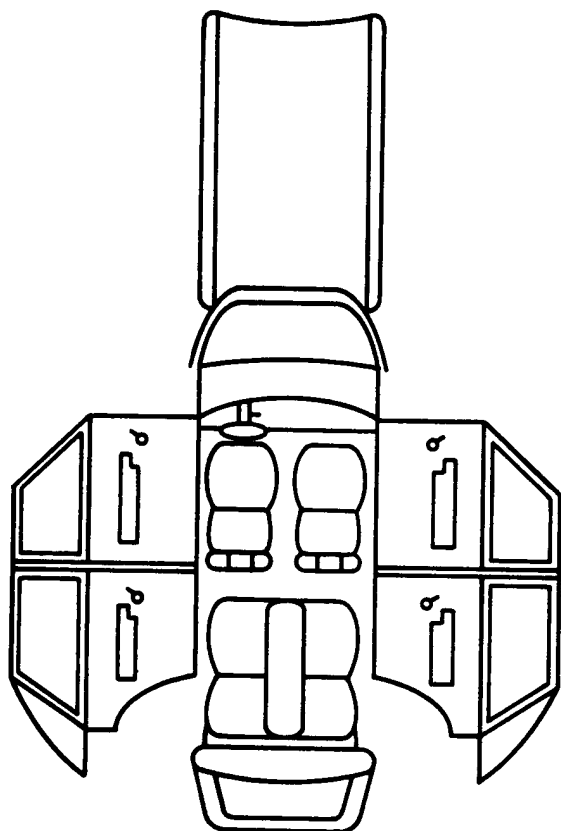
- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment _____

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced effort)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheel)
☐ Other adaptive device (specify): _____

(9) Unknown

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

<p>FRONT</p> <p>(001) Windshield</p> <p>(002) Mirror</p> <p>(003) Sunvisor</p> <p>(004) Steering wheel rim</p> <p>(005) Steering wheel hub/spoke</p> <p>(006) Steering wheel (combination of codes 004 and 005)</p> <p>(007) Steering column, transmission selector lever, other attachment</p> <p>(008) Cellular telephone or CB radio</p> <p>(009) Add on equipment (e.g., tape deck, air conditioner)</p> <p>(010) Left instrument panel and below</p> <p>(011) Center instrument panel and below</p> <p>(012) Right instrument panel and below</p> <p>(013) Glove compartment door</p> <p>(014) Knee bolster</p> <p>(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)</p> <p>(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)</p> <p>(017) Windshield reinforced by exterior object, (specify): _____</p> <p>(019) Other front object (specify): _____</p>	<p>CODES FOR INTERIOR COMPONENTS</p>	<p>LEFT SIDE</p> <p>(051) Left side interior surface, excluding hardware or armrests</p> <p>(052) Left side hardware or armrest</p> <p>(053) Left A (A1/A2)-pillar</p> <p>(054) Left B-pillar</p> <p>(055) Other left pillar (specify): _____</p> <p>(056) Left side window glass</p> <p>(057) Left side window frame</p> <p>(058) Left side window sill</p> <p>(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(060) Other left side object (specify): _____</p> <p>RIGHT SIDE</p> <p>(101) Right side interior surface, excluding hardware or armrests</p> <p>(102) Right side hardware or armrest</p> <p>(103) Right A (A1/A2)-pillar</p> <p>(104) Right B-pillar</p> <p>(105) Other right pillar (specify): _____</p> <p>(106) Right side window glass</p> <p>(107) Right side window frame</p> <p>(108) Right side window sill</p> <p>(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(110) Other right side object (specify): _____</p>	<p>INTERIOR</p> <p>(151) Seat, back support</p> <p>(152) Belt restraint webbing/buckle</p> <p>(153) Belt restraint B-pillar or door frame attachment point</p> <p>(154) Other restraint system component (specify): _____</p> <p>(155) Head restraint system</p> <p>(160) Other occupants (specify): _____</p> <p>(161) Interior loose objects</p> <p>(162) Child safety seat (specify): _____</p> <p>(163) Other interior object (specify): _____</p> <p>AIR BAG</p> <p>(170) Air bag-driver side</p> <p>(175) Air bag compartment cover-driver side</p> <p>(180) Air bag-passenger side</p> <p>(185) Air bag compartment cover-passenger side</p> <p>(190) Other air bag (specify) _____</p> <p>(195) Other air bag compartment cover (specify) _____</p> <p>ROOF</p> <p>(201) Front header</p> <p>(202) Rear header</p> <p>(203) Roof left side rail</p> <p>(204) Roof right side rail</p> <p>(205) Roof or convertible top</p> <p>(251) Floor (including toe pan)</p> <p>(252) Floor or console mounted transmission lever, including console</p> <p>(253) Parking brake handle</p> <p>(254) Foot controls including parking brake</p>	<p>REAR</p> <p>(301) Backlight (rear window)</p> <p>(302) Backlight storage rack, door, etc.</p> <p>(303) Other rear object (specify): _____</p> <p>ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT</p> <p>(401) Hand controls for braking/acceleration</p> <p>(402) Steering control devices (attached to OEM steering wheel)</p> <p>(403) Steering knob attached to steering wheel</p> <p>(405) Replacement steering wheel (i.e., reduced diameter)</p> <p>(406) Joy stick steering controls</p> <p>(407) Wheelchair tie-downs</p> <p>(408) Modification to seat belts, (specify): _____</p> <p>(409) Additional or relocated switches, (specify): _____</p> <p>(410) Raised roof</p> <p>(411) Wall mounted head rest (used behind wheel chair)</p> <p>(412) Other adaptive device (specify): _____</p>
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CONFIDENCE LEVEL OF CONTACT POINT
(1) Certain
(2) Probable
(3) Possible
(9) Unknown

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a child safety seat is present, encode the data on the back of this page 11. If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
SECOND	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available - type unknown <i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown	D-Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat <i>Belt Used Improperly</i> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back of seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of manual belt system (specify): _____ (9) Unknown	(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt <i>Adjustable Shoulder Belt Upper Anchorage</i> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable anchorage adjustment E-Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): _____ (8) Other manual belt failure (specify): _____ (9) Unknown
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B/C-Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperable (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used - type unknown (08) Other belt used (specify): _____ (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat - type unknown (18) Other belt used with child safety seat (specify): _____ (99) Unknown if belt used	F-Shoulder Belt Upper Anchorage Adjustment
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NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be below. Restraint systems should be assessed during the vehicle inspection then coded on the Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment			
	Failure			

Air Bag System Availability/Function	Air Bag System Deployment (This Occupant Position)	Are There Indications of Air Bag System Failure? (This Occupant Position)
(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown	(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, accident sequence undetermined (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		
A-Automatic (Passive) Belt System Availability/Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown <i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown		(9) Unknown	D-Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat <i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn unde arm (4) Automatic shoulder belt worn behir back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic be system (specify): (9) Unknown
B-Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown			
C-Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system			

**E-Automatic (Passive) Belt
Failure Modes**

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

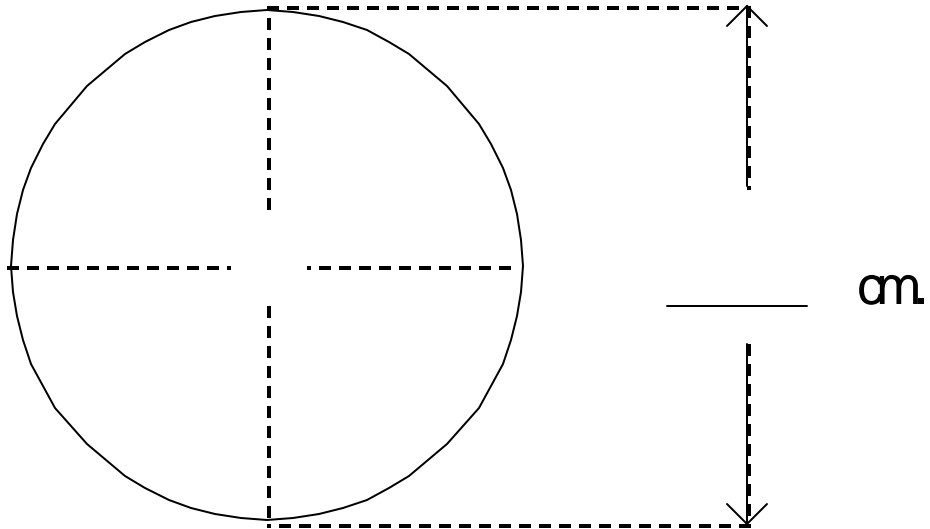
- (9) Unknown

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on

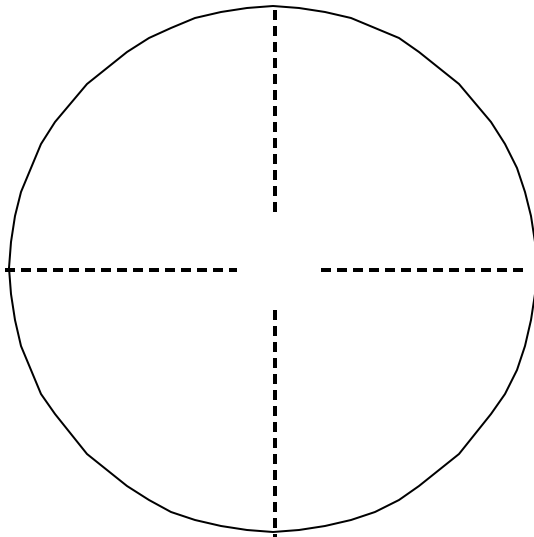
	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

A-Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	D-Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - <i>Air Bag Damage</i> (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____ (98) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	F-Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether strap) _____ (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown
B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown	E-Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify) _____ (03) Object carried by occupant, (specify) _____ (04) Adaptive/assistive controls, (specify) _____ (05) Fire in vehicle (06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify): _____ (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	G-Did The Air Bag Have Vent Ports? (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): _____ (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown
C-Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown	H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if other occupant to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown	I-Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



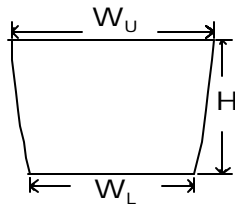
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____

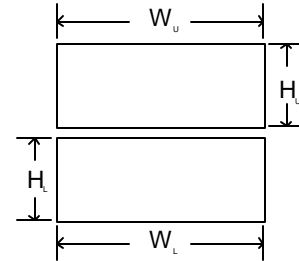


4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap b. Lower Flap

width (W_U) _____ width (W_L) _____

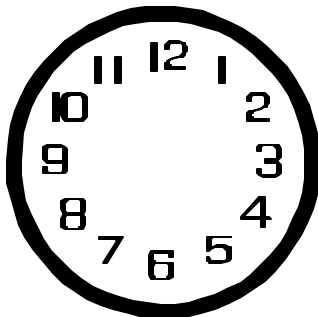
height (H_U) _____ height (H_L) _____



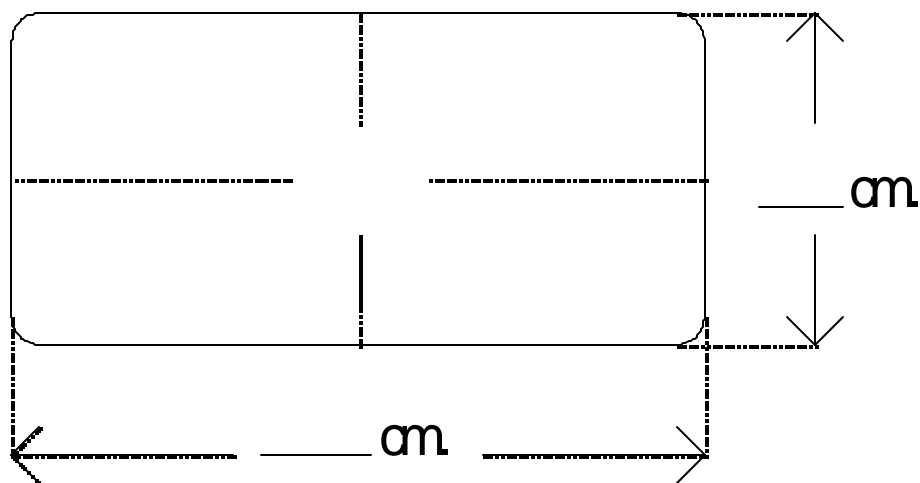
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE COVER FLAP AND OF OTHER TYPE OF AIR BAG VENT PORT

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORT

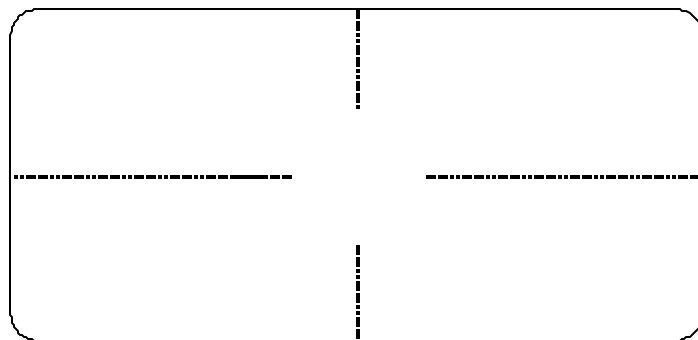
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

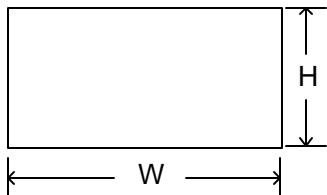


3. PASSENGER AIR BAG MODULE COVER FLAP SIZE ASSIGN

4. PASSENGER AIR BAG MODULE COVER FLAP SIZE ASSIGN

width (W) _____

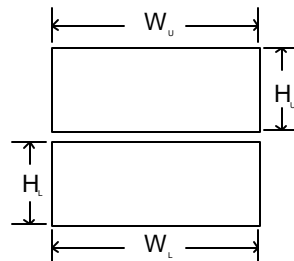
height (H) _____



a. Upper Flap b. Lower Flap

width (W_U) _____ width (W_L) _____

height (H_U) _____ height (H_L) _____

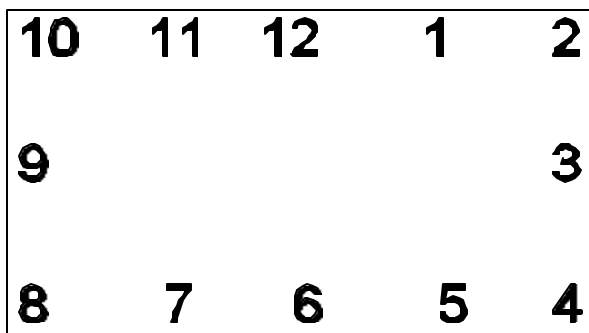


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE SKETCH AND

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PC

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT

PORTS



1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these Head restraint type/damage and seat type/performance should be assessed during the v Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
S E C O N D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other Specify: _____
 (9) Unknown

C-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back failed" (specify): _____
 (4) Seat tracks/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

F-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
 (01) Not adjustable
Upright prior to impact
 (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position
Slightly reclined prior to impact
 (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position
Completely reclined prior to impact
 (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

B-Seat Type (this Occupant Position)

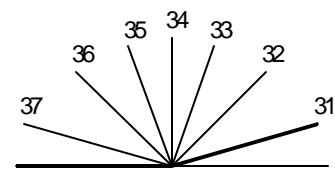
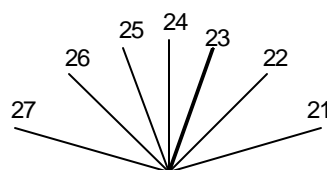
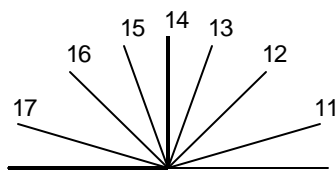
- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify): _____
 (10) Box mounted seat (i.e., van seat)
 (99) Unknown

D-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

E-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
 (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-!

- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)



OCCUPANT ASSESSMENT FORM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum _____</p> <p>3. Vehicle Number _____</p> <p>4. Occupant Number _____</p>	<p>10. Occupant's Seat Position _____</p> <p><i>Front Seat</i></p> <p>(11) Left side</p> <p>(12) Middle</p> <p>(13) Right side</p> <p>(14) Other (specify): _____</p> <p>(15) On or in the lap of another occupant</p> <p><i>Second Seat</i></p> <p>(21) Left side</p> <p>(22) Middle</p> <p>(23) Right side</p> <p>(24) Other (specify): _____</p> <p>(25) On or in the lap of another occupant</p> <p><i>Third Seat</i></p> <p>(31) Left side</p> <p>(32) Middle</p> <p>(33) Right side</p> <p>(34) Other (specify): _____</p> <p>(35) On or in the lap of another occupant</p> <p><i>Fourth Seat</i></p> <p>(41) Left side</p> <p>(42) Middle</p> <p>(43) Right side</p> <p>(44) Other (specify): _____</p> <p>(45) On or in the lap of another occupant</p> <p>(97) In or on unenclosed area</p> <p>(98) Other seat (specify): _____</p> <p>(99) Unknown</p>
<p>5. Occupant's Age _____</p> <p>Code actual age at time of accident.</p> <p>(00) Less than one year old (specify by month): _____</p> <p>(97) 97 years and older</p> <p>(99) Unknown</p>	
<p>6. Occupant's Sex _____</p> <p>(1) Male</p> <p>(2) Female-not reported pregnant</p> <p>(3) Female-pregnant-1st trimester(1st-3rd month)</p> <p>(4) Female-pregnant-2nd trimester(4th-6th month)</p> <p>(5) Female-pregnant-3rd trimester(7th-9th month)</p> <p>(6) Female-pregnant-term unknown</p> <p>(9) Unknown</p>	
<p>7. Occupant's Height _____</p> <p>Code actual height to the nearest centimeter.</p> <p>(999) Unknown</p> <p>_____ inches X 2.54 = _____ centimeters</p>	
<p>8. Occupant's Weight _____</p> <p>Code actual weight to the nearest kilogram.</p> <p>(999) Unknown</p> <p>_____ pounds X .4536 = _____ kilograms</p>	
<p>9. Occupant's Role _____</p> <p>(1) Driver</p> <p>(2) Passenger</p> <p>(9) Unknown</p>	<p>11. Occupant's Posture _____</p> <p>(0) Normal posture</p> <p><i>Abnormal posture</i></p> <p>(1) Kneeling or standing on seat</p> <p>(2) Lying on or across seat</p> <p>(3) Kneeling, standing or sitting in front of seat</p> <p>(4) Sitting sideways or turned to talk with another occupant or to look out a rear window</p> <p>(5) Sitting on a console</p> <p>(6) Lying back in a reclined seat position</p> <p>(7) Bracing with feet or hands on a surface in front of seat</p> <p>(8) Other abnormal posture (specify): _____</p> <p>(9) Unknown</p>

<p>12. Ejection -----</p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p> <p>13. Ejection Area -----</p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.) (specify): _____</p> <p>(9) Unknown</p> <p>14. Ejection Medium -----</p> <p>(0) No ejection</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p>	<p>15. Medium Status (Immediately Prior To Impact) -----</p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p> <p>16. Entrapment -----</p> <p>(0) Not entrapped/exit not inhibited</p> <p>(1) Entrapped/pinned - mechanically restrained</p> <p>(2) Could not exit vehicle due to jammed doors, 1 (specify): _____</p> <p>(9) Unknown</p> <p>17. Occupant Mobility -----</p> <p>(0) Occupant fatal before removed from vehicle</p> <p>(1) Removed from vehicle while unconscious or 1 oriented to time or place</p> <p>(2) Removed from vehicle due to perceived serious</p> <p>(3) Exited vehicle with some assistance</p> <p>(4) Exited vehicle under own power</p> <p>(5) Occupant fully ejected</p> <p>(8) Removed from vehicle for other reasons (specify): _____</p> <p>(9) Unknown</p>
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<p>18. Manual (Active) Belt System Availability_____</p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p> <p>19. Manual (Active) Belt System Use _____</p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat _____</p> <p>(13) Lap belt used with child safety seat _____</p> <p>(14) Lap and shoulder belt used with child safety seat _____</p> <p>(15) Belt used with child safety seat—type unknown _____</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p> <p>20. Proper Use of Manual (Active) Belts _____</p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify) _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>21. Manual (Active) Belt Failure Modes During Accident _____</p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment_____</p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function_____</p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use _____</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(9) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type _____</p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System _____</p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident_____</p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>
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28. Police Reported Belt Use _____
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify): _____

(9) Police indicated "unknown" _____

29. Police Reported Air Bag Availability/Function _____
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use

- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used _____

30. Frontal Air Bag System Availability/Function _____
(This Occupant Position)
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment _____
(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag _____
Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present: _____

33. Air Bag(s) Deployment, Other Than First _____
Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System _____
Failure?

- (0) Not equipped/not available
- (1) No

(2) Yes (specify): _____

(9) Unknown _____

<p>35. Had Vehicle Been in Previous Accident(s)? _____ (0) Not equipped/not available (1) No previous accidents</p> <p>Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p> <p>36. Type of Air Bag _____ (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p> <p>37. Had Any Prior Maintenance/Service _____ Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p> <p>38. Air Bag Deployment Accident Event _____ Sequence Number (00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p> <p>39. CDC For Air Bag Deployment Impact _____ (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>40. Longitudinal Component of+ Delta V For Air Bag _____ Deployment Impact (000) Not equipped/not available _____ Code the value of the delta V for the impact that initiated the air bag deployment (996) Deployment, unknown longitudinal Delta (997) Not deployed (998) Unknown if deployed (999) Unknown</p> <p>41. Did Air Bag Module Cover Flap(s) Open At _____ Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at design points (7) Not deployed (8) Unknown if deployed (9) Unknown</p> <p>42. Were Air Bag Module Cover Flap(s) Damaged? _____ (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover fl damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p> <p>43. Was There Damage To The Air Bag? _____ (00) Not equipped/not available (01) Not damaged</p> <p>Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____ (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
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44. Source of Air Bag Damage _____

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

45. Was The Air Bag Tethered? _____

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

46. Did The Air Bag Have Vent Ports? _____

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): _____
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? _____

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact (e.g., as bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

48. Was This Occupant Wearing Eye-wear? _____

- (0) Not air bag equipped/air bag not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position _____

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

50. Seat Type (this Occupant Position) _____

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

51. Seat Orientation (this Occupant Position) _____

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

52. Seat Track Adjusted Position Prior To Impact _____

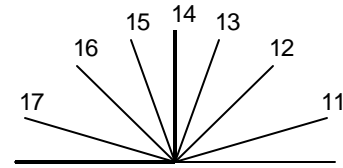
- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track position
- (4) Seat at middle track position
- (5) Seat between middle and rear most track position
- (6) Seat at rear most track position
- (9) Unknown

53. Seat Back Incline Prior and Post Impact _____

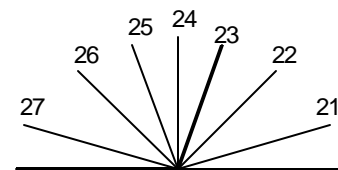
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

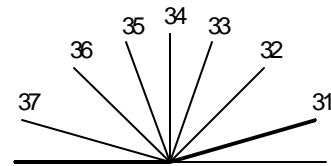
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) _____

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion,
 (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

<p>55. Child Safety Seat Make/Model _____ (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>56. Type of Child Safety Seat _____ (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>57. Child Safety Seat Orientation _____ (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage _____</p> <p>59. Child Safety Seat Shield Usage _____</p> <p>60. Child Safety Seat Tether Usage _____</p> <p>Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
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61. Injury Severity (Police Rating) -----

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality -----

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) -----

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay -----

- (00) Not Hospitalized
- ____Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost -----

- ____Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

66. Time to Death _____

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death _____

68. 2nd Medically Reported Cause of Death _____

69. 3rd Medically Reported Cause of Death _____

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant _____

_____Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score _____ (at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

72. Was the Occupant Given Blood? _____

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ _____

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃(96) ABGs reported , HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

74. Primary Source of Belt Use Determination _____

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): _____

(9) Unknown if belt used